REACHING 90,90,90 – Best practices and innovations

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90 × 90 × 90
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Why The DIP?

➢The DIP process provides key strategies for accelerating progress towards the vision of a "long & healthy life for South Africans" as expressed in:

- National Development Plan (NDP)
- NDOH Strategic Plan 2015/16-2019/20 and APP 2015/16 – 2017/18
- Joint HIV, TB & PMTCT review recommendations
- Achieve 90-90-90 targets

➢ Also aligns:

- Planning for program with District Health Planning
- Provincial resource allocations from Equitable Share, Conditional Grant and Donor funding to district priorities
- Technical resources, (especially within DSPs), to district needs

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Aims of the DIP process

DIP process aims to:

- Strengthen forward planning at all levels of healthcare delivery
- Ensure data is used for improved decision making
- Strengthen management, leadership and accountability at all levels of healthcare delivery
- Ensures better human resource for health and efficient use of financial resources
- Supports comprehensive costing and budgeting at a district level

DIP Timeline – May – Oct 2015

DIP PHASE 1: May-June

- 10 DIP provincial workshops
- Preparation of DIP 2015/16
- Preparation of plan for Phase 2 (Gantt Chart)
- Submission of DIP 2015/16

DIP PHASE1& 2: July – Sept

- Feedback &Implementation of phase 1 plan
- Implementation of 3 feet approach planning for phase 2
- Consolidation of facility plans/targets at sub-district and district level
- Development of DIP 2016/17 for each district-

Consolidation: Oct -Dec

- Submission of DIP 16/17 plans
- Evaluation and feedback to provinces
- Integration of DIP 2016/17 into DHP 2016/17
- Integration of DIP into Conditional Grant Business Plan 2016/17

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Current status: tracer indicators

- Tracer Indicators have been selected based on Cascades and take into account, findings of the South African Investment Case
- Indicator names are based on draft of NIDS 2016
- Targets are based on achieving 90-90-90 where applicable, current performance, Investment Case findings and APP targets
- All provinces have selected 12 out of the 33 as priorities for 2016/17
- Most districts have submitted draft DIP plans for review – feedback 2 week Dec
- Recommended targets have been communicated to provinces

Current status: phase 1: 2015/16

Select 3 Poorly Performing Indicators from Tracer Indicator List for / District

Conduct Bottleneck analysis at District level

Submit Remedial Actions for Review to NDOH

Endorsed Remedial Actions

Implement 3 feet facility level using run charts and 90 Day action dashboards in All or Selected facilities

Monitoring:

Facility: 2 weekly Action dashboard and monthly monitoring of indicator performance

District: Action dashboard and indicator performance on a Monthly basis

Province: Quarterly Monitoring of Indicator performance

Current status: phase 2– FY 2016-17

All provinces are/ have:

- Implementing phase 1 remedial plans- 3 indicators
- Selected 12 provincial poorly performing indicators for phase 2
- Conducted bottleneck analysis at district and facility level
- reviewed and submitted the district plans to NDoH (30th Oct)

National is reviewing and will give feedback to provinces & districts (2nd week Dec)

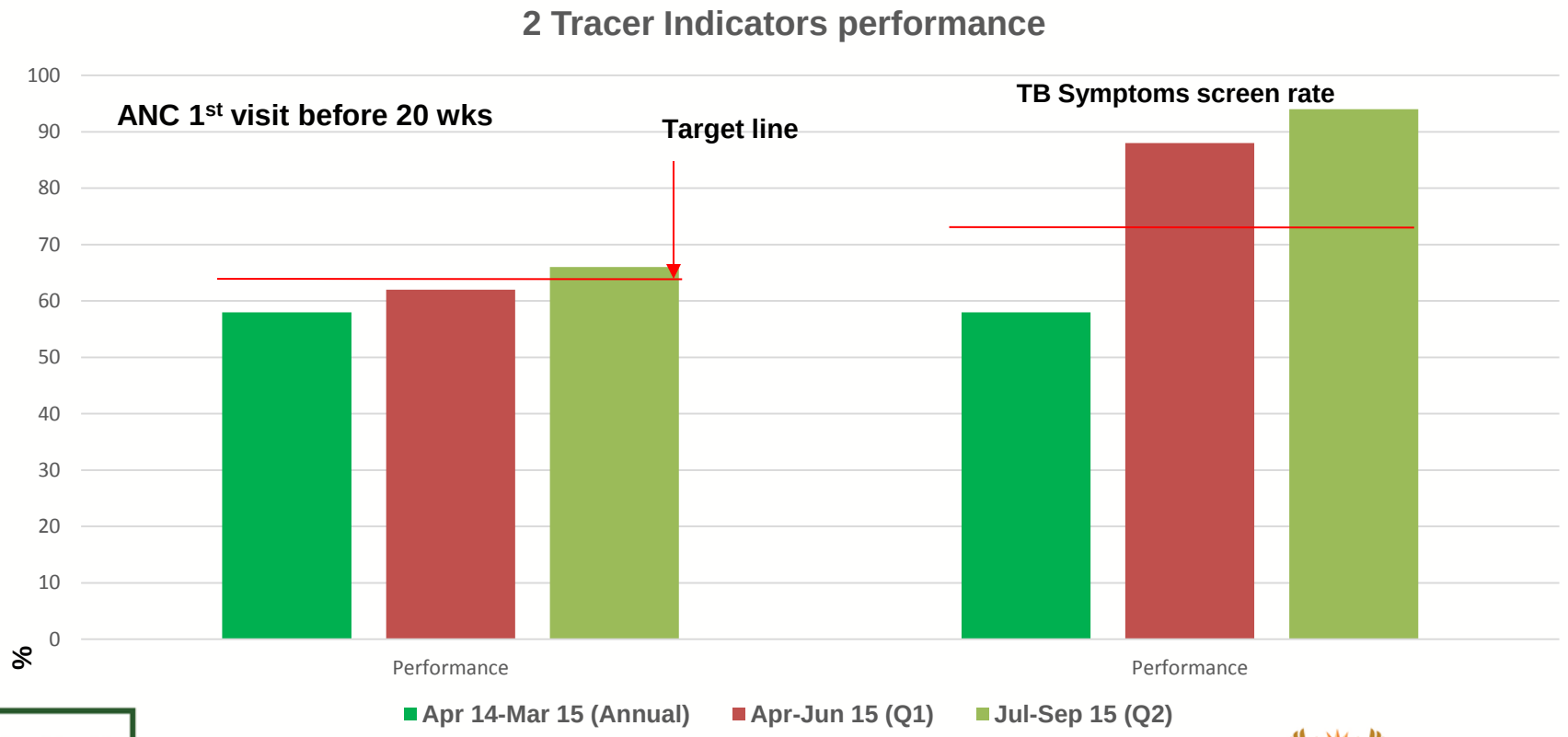
Bottom up approach: facility level

- Select 12 provincial poorly performing indicators from the 33 tracer indicator list (cascades & dashboards)
- Bottleneck analysis- identify route causes of poor performance
- Track progress through:

  -action dashboard,

- -facility run charts

Results of DIP phase 1: Uthungulu District, KZN



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DIP targets; Example

Tracer indicator	2016/17 target
HIV test client 15 years and older (incl ANC)	**10 mil**
HIV test positive client 15 years and older (incl ANC)	**925 000**
Male condom distribution coverage	50 per male per annum
Male Condoms Distributed	750,000,000
Medical male circumcision performed	700,000
Adult started on ART during this month - naïve	740,000
Adult remaining on ART – total	4,100,000
Adult lost to follow up (LTF) rate at 12 months	<10%
Adult with Viral load completion (VLD) rate at 12 months	>90%
Adult with Viral load suppressed (VLS) rate at 12 months	>90%
Number enrolled in Pre-ART	No target for 2016/17

Lessons learnt from the DIP process

- Clear, open and timely communication between National, Provinces, Districts and facilities is critical
- Change management process
- Institutionalization of the process at national and provincial level is key
- Facilitates use of SMART principles in planning and promotes efficient use of resources. Data informed planning
- Brings silos down at all levels - National, Instilled more critical thinking, teamwork, communication and improved motivation- *bottleneck analysis, run chart, gantt charts*
- Province and Districts- better understanding of indicators and targets, joint planning

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Lessons learnt from the DIP process

- Increased sense of accountability and ownership at facility and sub-district level- *facility/district targets*
- Build capacity among participants and strengthened partnerships- *DIP tools*
- Provided opportunities for all programs to represent their interest
- Provided a platform for open discussions, negotiations and joint decisions making
- Created a platform to truly integrate HAST programs

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Next steps

- Finalizing reviews of DIP plans
- Feedback to district and provinces – scheduled
- Assist districts/provinces to finalize DIP –Dec/ Jan
- Work in progress- incorporate DIP into DHP and CG BP
- Monitoring implementation – action and indicator performance- April 2016….

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